STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

REQUEST AND ORDER FOR COURT APPOINTED APPELLATE COUNSEL

CASE NO. PETITION NO.

Court address Court telephone no. In the matter of (name(s), alias(es), DOB) **REQUEST** _____, declare my intent to appeal from the order entered on _____ in the _____ Court by Date Hon. _____ 2. Lunderstand I have the right to be represented by an attorney. Lam unable to pay fully for the services of an attorney and for the cost of transcripts and have completed the Financial Schedule on the other side of this form. 3. Irequest an attorney be appointed by the court and the cost of transcripts be waived. I understand I may be ordered to reimburse the court for all or party of the attorney fees and transcript costs. 4. Lauthorize the court to investigate and obtain any further relevant information from my employer, creditors, the Michigan Family Independence Agency, the Social Security Administration, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney and waiver of costs of transcripts. Date Signature Address Name (please print) City, state, and zip Telephone no. ORDER ITIS ORDERED: 5. The request for appointed counsel is denied because: is appointed to represent the requesting party to conduct an appeal. The court reserves the right to order reimbursement for attorney fees and transcript costs. , court reporter/recorder, R number _____, shall furnish **7**. the transcript required by counsel for these appellate proceedings and the reporter/recorder shall be compensated for the transcripts as provided by law. 8. IT IS FURTHER ORDERED: Judge Date Bar no. Do not write below this line - For court use only

Complete this Financial Schedule if you are seeking a court appointed attorney.

FINANCIAL SCHEDULE

1.	RESIDENCE							
	Rent	Own	Live with pare	nts	Room/Board			
2.	MARITALSTATUS							
	☐ Single	☐ Married	Divorced		Separated	Dependents	Number	
_	INCOME a. Employ	er name and address		h Length	of employment		Number	
Э.	INCOME a. Employ	er name and address		D	o. op.oyo			
				c. Average				
				Gross: \$	weekly	monthly Net: \$	every two weeks	
d.	Other income (state monthly amount and source [FIA, VA, rent, pensions, spouse, unemployment, etc.])							
ĺ								
1	ASSETS State v	alue of car, home, bar	nk denosits honds str	ncke				
╼.	etc.	alue of car, nome, bar	ik deposits, bolids, st	JCKS,				
_	OBLIGATIONS	Itaasina maanthii maat	in staller and in a constant					
5.	OBLIGATIONS	nemize monthly rent,	installment payments,	mortgage pa	ayments, child support, etc	j.		
6.	REIMBURSEMENT	I understand that	I may be ordered t	o reimburs	se the court for all or p	art of my attorne	y and defense costs.	
Ιd	I declare under penalty of contempt of court that the above information is true to the best of my information, knowledge, and belief.							
Dat	е			Signa	ature			